

Foster Family Home - Corrective Action Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

Review ID: 1-512229-5

719 A Owawa Street

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 10/12/2018

End Date: 10/12/18

Foster Family Home

Required Certificate

[17-1454-6]

(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/12/18.

(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Angelica Galindo, RN

Compliance Manager

Odette A. Josue

Primary Care Giver

10/12/18

Date

10-12-18

Date